

**Communicable Disease Epidemiology  
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**Health Advisory: Interim Updated Guidance for Evaluation of Patients for Middle East Respiratory Syndrome  
Coronavirus (MERS-CoV) – June 11, 2015**

**Actions requested:**

- **TAKE A TRAVEL HISTORY** at the first opportunity in the clinical encounter (E.g., when scheduling appointment and upon arrival at the clinic site). Rapidly isolate and evaluate patients for MERS-CoV if they meet the following criteria:
  - o **FEVER AND PNEUMONIA OR ARDS** (based on clinical or radiologic evidence) **AND EITHER**:
    - history of travel from countries in or near the Arabian Peninsula<sup>1</sup> within 14 days before symptom onset, OR
    - close contact<sup>2</sup> with a symptomatic traveler who developed fever and acute respiratory illness (not necessarily pneumonia) within 14 days after traveling from countries in or near the Arabian Peninsula<sup>1</sup>, OR
    - a history of being in a healthcare facility (as a patient, worker, or visitor) in the Republic of Korea within 14 days before symptom onset, OR
    - a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which MERS-CoV is being evaluated
  - o **FEVER AND SYMPTOMS OF RESPIRATORY ILLNESS (NOT NECESSARILY PNEUMONIA; e.g., cough, shortness of breath) AND** being in a healthcare facility (as a patient, worker, or visitor) in which recent healthcare-associated cases of MERS have been identified within 14 days before symptom onset in a country or territory in or near the Arabian Peninsula or in the Republic of Korea.
  - o **FEVER OR SYMPTOMS OF RESPIRATORY ILLNESS (NOT NECESSARILY PNEUMONIA; e.g. cough, shortness of breath) AND** close contact<sup>2</sup> with a confirmed MERS case while the case was ill.
- Clusters<sup>3</sup> of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) without recognized links to cases of MERS-CoV or to travelers from affected areas should be evaluated for common respiratory pathogens. If the illnesses remain unexplained, consider testing for MERS-CoV in consultation with Public Health.
- **REPORT** patients being evaluated for MERS-CoV to Public Health immediately (206-296-4774)
- **Collect the following specimens** for submission to the WA State Public Health Lab after consultation with Public Health: BAL fluid, tracheal aspirate, pleural fluid, NP and/ oropharyngeal swabs, sputum, and serum. For additional testing information, see, <http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>.
- **INFECTION CONTROL & PPE: Use standard, contact, and airborne precautions** (gloves, gowns, eye protection and N95 or higher respiratory protection). SEE: <http://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>
- Ill patients being evaluated for MERS-CoV not requiring hospitalization may be isolated at home after consultation with Public Health.
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- **Background:** This Advisory provides updated guidance on who should be tested for MERS-CoV infection in the context of ongoing MERS activity in the Arabian Peninsula and a recent outbreak in the Republic of Korea.
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- **Resources: CDC MERS Guidance for Clinicians:** <http://www.cdc.gov/coronavirus/mers/hcp.html>
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<sup>1</sup> Countries considered in or near the Arabian Peninsula: Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen.

<sup>2</sup> Close contacts are defined as a) persons providing care for the patient including both healthcare providers and household members, b) persons who lived with or visited the patient while the patient was ill.

<sup>3</sup> In accordance with WHO guidance for MERS-CoV, a cluster is defined as two or more persons with onset of symptoms within the same 14-day period, and who are associated with a specific setting such as a classroom, workplace, household, extended family, hospital, or other residential institution, military barracks, or recreational camp.